

**PERSONAL ASSISTANCE SERVICES AND
SUPPORTS (PASS)**

**Application Packet
September 27, 2004**

INSTRUCTIONS

The Application Packet is comprised of five sections and an appendix. **Section One** is introductory and includes the cover sheet, transmittal letter, and brief organizational overview. **Section Two** provides a framework of agency philosophy that will underlie the program. In this section, the applicant is asked to (1) describe their understanding of the goals of Personal Assistance Services and Supports (PASS) and why they wish to be a PASS provider; (2) describe their approach to family-centered care and (3) describe their approach to consumer directed care.

Section Three is a series of narratives in which the applicant is asked to share their understanding of how PASS will work within the applicant agency. These narratives should show evidence of a careful review of the PASS Certification Standards but should also show how PASS will be integrated into the unique context of the applicant agency. Please respect the page limits shown in the instruction box for each narrative.

Section Four is Readiness and asks the applicant to lay out the tasks and timeline for accepting PASS clients.

Section Five is a set of Memoranda of Agreement. These Memoranda are designed to capture key agreements with Department of Human Services (DHS) about how the program will operate within the applicant agency. Read each of them carefully. Some require the applicant agency to fill in information before signing. The Memoranda cover the following topics: (1) Appropriate Referrals; (2) Continuity of Care; (3) Ethical Conduct; (4) Coordination with the CEDARR Family Centers; (5) Client Rights; (6) Hours of Service; (7) Service Monitoring and Reporting; (8) Medicaid Eligibility; and (9) Management Standards.

Section Six lists the required attachments to the application.

The application packet is available as an electronic file and applicants are encouraged to secure this file from DHS and to use it as the framework for the application itself. If an applicant chooses not use the electronic file, the format and materials must be reproduced in the order that the Application Packet is laid out. Please also label each section of the proposal so that it corresponds with the Application Packet. The electronic file is available at:
www.dhs.state.ri.us/index.htm.

Please submit five (5) copies of the completed application to:

Sharon Kernan, RN, MPH
Assistant Administrator
Center for Child and Family Health
600 New London Avenue
Aimee Forand Building 038
Cranston, RI 02920

Section One: COVER SHEET FOR PERSONAL ASSISTANCE SERVICES AND SUPPORTS (PASS) CERTIFICATION APPLICATION

Name of Agency_____

Individual authorized to conduct business on behalf of agency:

Name: _____ **Title:** _____

Application Contact Person: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code** _____

Telephone: _____ **FAX:** _____

Email Address: _____

Federal Employee Identification Number: _____

Medicaid Provider Number (if applicable): _____

Section One: LETTER OF TRANSMITTAL

Review the content of this Letter of Transmittal. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS), _____, the applicant agency, agrees to comply with all of the program requirements and Certification Standards as issued by the Department of Human Services. We, the applicant agency, recognize that there may be periodic amendments to the requirements and standards and agree that we will also comply with these amendments.

In addition, _____, the applicant agency, understands that we must develop a specific policy manual for the PASS program as well as other specific materials to support the program. We have reviewed the minimum contents of the policy manual and the list of required materials and agree to create both the policy manual and program materials prior to accepting referrals. While these materials are not required for submission with the application, once provisional certification is received, these products will be made available for DHS review or, all materials required for certification are included with this application.

Signature of officer or authorized agent

Date

Section One: ORGANIZATIONAL OVERVIEW

Background on Applicant: Describe your organization. Include:

- Organizational Mission Statement
- A brief description of services that are currently provided
- A list of licenses, current certifications, and accreditations
- An overview of the corporate structure, whether for profit or non-profit. If non-profit include a list of the Board of Directors and their affiliations (Organizational Chart)
- Organizational Chart

Page limit: 1

Section Two: GOALS OF PASS (Section 6.3.1, Page 50)

Organizational Capacity: Summarize your agency's understanding of the goals of the PASS program, demonstrating your qualifications to become a PASS provider.

Page limit: 1

Section Two: APPROACH TO FAMILY-CENTERED CARE (Section 6.3, Page 50)

Principles of family centered care: Explain how your organization incorporates family centered principles into practice. Specifically address these two questions:

- How will your organization shape services for the individual and special needs of children in your care?
- How will families be encouraged to voice concerns and provide input?

Include in your narrative examples of Family-Centered Principles such as:

- Policies to promote active, ongoing participation of the family in each of the service components
- Policies outlining processes to determine family readiness to assume PASS responsibilities
- Policies demonstrative of approaches to assure families opportunities to provide input on PASS Agency activities
- Policies for communication with families including reports to families
- Statement of organizational commitment to achieve family centered principles
- Draft of Parent Satisfaction Survey

***Certified HBTS and/or TCYC providers are exempt from this section.**

Page limit: 2

Section Two: APPROACH TO CONSUMER-DIRECTED CARE (Section 6.3, Page 51)

Statement of philosophy and approach: Describe your agency's approach to and understanding of consumer directed care. Reference to best practice research in this area is encouraged.

Include in your narrative examples of Consumer-Directed Principles such as:

- Policies to promote active, ongoing participation of the family in each of the service components
- Policies outlining processes to determine family readiness to assume PASS responsibilities
- Policies demonstrative of approaches to assure families opportunities to provide input on PASS Agency activities

Page limit: 2

Section Three: CLIENT RIGHTS AND RESPONSIBILITIES (Section 6.3, Page 50)

Statement of Philosophy and Approach: Describe the process by which families will be informed of:

- Their rights and responsibilities
- Expectations for participation in the Assessment and Development of the PASS Service Plan
- Expectations for providing supervision for Direct Service Workers
- Process for dispute resolution
- Customer Service availability
- Process for handling grievances or complaints concerning agency supports
- Policies around termination of services and procedures for an orderly transition of care
- Policies around ethical care and professional conduct

Page limit: 2

**Section Three: PASS PROCESS OF CARE AND MANAGEMENT OF
SERVICE COMPONENTS**
(Section 6.5.1.2, Page 56 and Section 6.5.1.3, Page 57)

Assessment and Service Plan Development Procedures: Provide a narrative description of assessment and service plan development that summarizes your understanding of the steps to be followed and how these steps will be carried out in your agency. Include the specific assessment techniques and tools that are analytic, strength-based and respectful of the consumer directed core of PASS.

Include in your narrative:

- Clinical protocols for screening and intake, eligibility and admission criteria
- Protocols/techniques/tools used for the assessment and development of Service Plans
- Procedures for monitoring and modifying Service Plans
- Policies for management of waiting lists and communication with families

Page limit: 2
(not including
assessment tools)

**Section Three: PASS PROCESS OF CARE AND MANAGEMENT OF
SERVICE COMPONENTS
(Section 6.5.1.5, Page 58)**

Service Plan Implementation Procedures: Provide a narrative description of Service Plan Implementation that demonstrates the applicant's capacity to:

- Promote continuity of care and long term retention of Direct Service Workers through efforts designed to aid families in the management of PASS services
- Ensure the quality and content of Direct Services through the provision of technical assistance/guidance

Include specific techniques to accomplish tasks in Section 5.4.3.2.

Page limit: 3

**Section Three: PASS PROCESS OF CARE AND MANAGEMENT OF
SERVICE COMPONENTS
(Section 6.5.1.6, Page 59)**

Clinical Consultation Procedures: Provide a narrative description of Clinical Consultation that demonstrates the applicant's understanding of the responsibilities within Clinical Consultation.

Set forth protocols for clinical consultation services including:

- Periodic visits with families and related review of Service Plans (periodicity, approach to meeting, visit/interview protocols)
- Documentation procedures of consultation sessions and any resulting modifications to the Service Plan
- Procedures for recommendations identifying Service Plan challenges and advising on opportunities for improvement

Page limit: 2

**Section Three: PASS PROCESS OF CARE AND MANAGEMENT OF
SERVICE COMPONENTS
(Section 6.5.2.1, Page 60)**

Organizational Roles and Scope of Practice: Provide a description of roles and responsibilities within each of the four service components. Also describe the pattern of supervision, discipline, evaluation for PASS staff and any important interactions/collaborations with other agencies.

Examples of necessary documents include:

- Job descriptions for PASS Agency Coordinator and PASS Agency Clinical Consultant
- Functional tasks and responsibilities of each within each of the service components
- Reporting relationships within each of the service components
- Required skills, training and experience of all personnel involved in the provision of PASS
- Training and continuing education expectations
- Licensure and/or certification qualification for all personnel involved in the provision of PASS

Page limit: 3

**Section Three: PASS PROCESS OF CARE AND MANAGEMENT OF
SERVICE COMPONENTS
(Section 6.5.2.3.4, Page 62)**

Agency Orientation and Training: Provide description of all planned orientation and training for PASS staff and other staff who will interact with PASS staff, including intention to involve PASS staff in training that may be offered agency wide or by statewide associations.

Include specific techniques/tools to accomplish basic training tasks listed in Certification Standards, including but not limited to:

- Curricula for PASS Agency staff trainings and orientation programs
- Documentation of and assertion forms for trainings completed
- Documentation of continuing education opportunities and/or credits for PASS agency staff

Page limit: 1

Section Four: READINESS

Projected timeline for accepting referrals: Provide a list of areas the applicant has not yet implemented, e.g. (1) of the materials required in the appendices to this packet which still need to be developed; (2) of the potential PASS staff which need to be hired. Provide a time line for implementation of all tasks listed.

Page limit: 2

Task Date	Expected completion

Section Five: MEMORANDUM OF AGREEMENT I
(Section 4.1, Page 23, and Appendix 4)

Provider Responsibility for Determining Medicaid Eligibility: Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports, _____, the applicant agency, certifies that we are aware a recipient's eligibility to receive Medicaid may change at any time. It is the responsibility of the provider to verify Medicaid eligibility. This can be accomplished by contacting the Recipient Eligibility Verification System (REVS) at 784-8100. We realize that loss of Medicaid coverage will result in non-payment of claims.

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT II
(Section 6.2., Page 49)

Acceptance of Appropriate Referrals: Review the content of this Memorandum of Agreement. Have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS)_____, the applicant agency, agrees to accept all appropriate referrals of Medicaid enrolled children and to provide services on a timely basis as defined in Section 5.11.1 of the Certification Standards. We understand that we may decline to submit a Service Plan for a particular child only when we determine that:

- PASS is not an appropriate service for the child, due to health and safety concerns
- The family is not willing or capable of assuming the risks and responsibilities inherent in consumer directed PASS.

We agree to document fully and forward to the CEDARR Family Center and the Department of Human Services any referral that is not accepted. We recognize that our rate of acceptance and rejection of referrals will be monitored and that a consistent record of rejection of referrals may lead to de-certification.

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT III
(Section 6.2.1, Page 49)

Continuity of Care: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS), _____, the applicant agency, is willing to ensure that continuity of care to an individual child is a high priority and that we are willing to take the following specific steps to ensure that the continuity of care to an individual child is protected at all times.

_____, the applicant agency, will:

1. Appropriately support the family to be effective supervisors of the Direct Workers so that the care provided to the individual child is consistent over time, avoiding any unnecessary switching of personnel.
2. Work with the family to design a back-up plan as part of the service plan, for dealing with absence due to illness or personal leave so that care to the child is not interrupted.
3. Provide Worker's Compensation and Liability Insurance.

We agree to document fully and note in the case record all activities undertaken to carry out this agreement.

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT IV
(Section 6.3.3, Page 52)

Ethical Conduct: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS), _____, the applicant agency, will:

Publicly post a clear statement that captures the Principles of Ethical Care and Professional Conduct in a location that is accessible to both staff and parents. Said statement will include, but not be limited to, the following:

- Written description of PASS Services provided
- Grievance procedures
- Discipline policies

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT V (Section 6.5, Page 55)

Coordination with CEDARR Family Centers: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS), _____, the applicant agency, recognizes that we must have a constructive relationship with each of the CEDARR Family Centers. We have contacted each of the CEDARR Family Centers and have developed letters of agreement with each that are attached to this application. We recognize that this relationship has the following components:

1. It is the responsibility of the CEDARR Family Center to assess the needs of the child and the family during the Family Care Plan process.
2. Prior to contacting our agency, the CEDARR Family Center will determine the interest and preparedness of the family in receiving PASS services.
3. It is the responsibility of the CEDARR Family Center to inform the family of the risks, rights, and responsibilities inherent in the consumer directed nature of this service;
4. The CEDARR Family Center may provide the family with contact information for more than one PASS provider.
5. It is the responsibility of our agency to provide an orientation to the parent and child so that they may make an informed choice.
6. In all cases, the family will make the choice of an agency as a PASS provider.
7. The CEDARR Family Center will convey the relevant results of its' assessment and the relevant goals from the Family Care Plan to our coordinator and/or clinician.
8. Our coordinator will work with the family and will conduct a focused assessment of the needs of the child in order to determine specific activities and schedules during which support is required.
9. Our plan for addressing these needs will be submitted to the CEDARR Family Center within four weeks of receiving the referral.
10. The CEDARR Family Center may provide feedback on our plan.
11. We must respond to their feedback within 9 days of receiving it.
12. We will work with the CEDARR Family Center on reauthorization of the plan at appropriate intervals.
13. We will document our collaboration with the CEDARR Family Centers.

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT VI
(Section 6.4.5.2, Page 55)

Client Rights: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS), _____, the applicant agency, certifies that all of the materials concerning the DHS Fair Hearing Process have been reviewed and that these materials are fully understood by agency personnel involved in the PASS program. In addition, the applicant agency agrees to create specific materials that inform parents of these rights and to capture in policy, procedures, and documentation all of the appropriate steps in this process.

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT VII
(Section 6.6.4, Page 64)

Hours of Service: Review the content of this Memorandum of Agreement. Fill in the organization's name and specify hours of service, days per week open, and any routine closings. Include a description of emergency or after hours support available to parents, if any. Have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports (PASS), _____, the applicant agency, certifies that the following represents the days and actual hours of service that the PASS Agency will be open for business:

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT VIII
(Section 7, Page 67)

Management Standards: Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency

***Agencies who are certified HBTS or TCYC providers or who are nationally accredited do not need to submit this MOA.**

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports, _____, the applicant agency, certifies that we have reviewed the list of management standards found in Section 7.0 – 7.7. We agree to comply with these requirements and understand that these requirements may be revised periodically.

Signature of officer or authorized agent

Date

Section Five: MEMORANDUM OF AGREEMENT IX

Service Monitoring and Reporting: Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency.

*** List of Timeliness Standards is found on 90 –98 of Certification Standards**

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Personal Assistance Services and Supports, _____, the applicant agency, certifies that we have reviewed the list of service monitoring and reporting requirements found on pages 90-98 the Standards and Appendix 7. We agree to comply with these requirements and understand that these requirements may be revised periodically.

Signature of officer or authorized agent

Date

Section Six: REQUIRED APPLICATION ATTACHMENTS

Attach the below listed items (in addition to those requested in Sections 1 – 5) to the final application packet:

- Copies of licensure of social worker (LICSW), psychologist, physical therapist, occupational therapist, speech and language pathologist, or registered nurse with Master's Degree
- Copies of agency accreditation provided by national accrediting bodies
- Copy of HBTS or TCYC certification if held
- Letters of agreement with CEDARR Family Centers
- Most recent audited financial statement for the corporate entity
- Parental Consent Forms
- Standardized forms used for client case record
- Incident Reporting forms and log
- Complaints and resolution forms and processes
- Direct service Worker timesheets
- Progress Reports for individual goal and objectives within PASS Service Plans